.00

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

Compensation for current period: \$

O Continued on attached pages

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Reporting Information		FOR OFFICE USE ON	LY O Mandanest
Year: 2013		Cpm	Corrections
Fill in circle if amendment ⊗			. , , 5,6
Report Period: Sanuary/June	July/December	amended to	amendment include Sof F
Type of Lobbying: Nonprocurement OF	Procurement OBoth		
Client Filing Fee Check Number: credit card,		KECEI	VED JUL 2 6 2013
II Client Information			
Name: Conference of Mayors & Municipal Official	als		
Permanent Business Address: 119 Washingto	n Avenue		
City: Albany	. State:	NY	ZIP code: 12210
Business Phone: 518 463-1185	Fax Nu	ımber: 518 463-1190	
Third Party Beneficiary (see instructions):			
III Lobbyist(s) Information & Co	mpensation (Curre	nt Period Only)	
Any individual or organization that has lobbied threshold was exceeded by that individual or c	on behalf of the client mu organization.	st be reported below, reg	ardless of whether the
A Type of Lobbyist: O Retained			
Level of Gov't: O State Lobbying	O Local Lobbying	⊗ Both	
Name: Conference of Mayors & Municipal C	officials	Phone Number: 518	-463-1185
Address: 119 Washington Avenue			
City: Albany		State: NY	ZIP code: 12210
Compensation for current period: \$11	. 00		
B Type of Lobbyist: O Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:
Compensation for current period: \$.00		
C Type of Lobbyist: O Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	O Both	
Name:		Phone Number:	
Address:			
City:		State:	ZIP code:

.00

D TOTAL COMPENSATION of ALL lobbyists for current period..........(A+B+C+addendum sheets): \$115912

IV Other Expenses (Currer	nt Sem	i-Annual	Period (Only)						
A Report in the aggregate all expen	ses less th	an or equal	to \$75:			\$ 2	97		.00	
B Report in the aggregate all expens	ses for sal	aries of non-l	obbying em	ployees:		\$ 3	5502		.00	
C Itemize each expense exceeding	\$75:									
PAID TO:			DATE:	/	/		0 4	Ad	O Social Eve	nt
PURPOSE:			AMOUNT:	\$.0	00	0 *	Adden	dum attached	
O PROCUREMENT O NONPRO	CUREME	ENT								
PAID TO:			DATE:	/	/		0 4	Ad	O Social Eve	nt
PURPOSE:			AMOUNT:	\$).	00	0 *	Adden	dum attached	
O PROCUREMENT O NONPRO	CUREME	ENT								
O Continued on attached po										
If any expense listed above expense, dollar amount attri	exceeds butable	\$75 for an into the individ	idividual, yo dual and the	ou must a e name,	attach title ai	the ac	ddeno	dum pag r of the	ge listing the individual.	
D Total expenses for current perio	Charles and the same of	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	CONTRACTOR OF THE PERSONS						ached pages in to	al)
	L									
V Source of Funding Disc									6.3 体制 图像	
Instructions: In the event only one event multiple person	person o	r entity is liste	ed as the Sin	gle Sourc	e for c	Contr	ibution	n(s), use Contributi	Section A. In the	3.
A Below list all Contribu	tions rece	eived from th	e Single Sou	rce. Inch	ude th	e date	and t	he amor	unt of the Contribut	
received. If more that Addendum for the ad	n five Co ditional C	ntributions tro contributions.	m the Single	e Source I	have b	een re	ceive	d, use s	ection V(C) of the	
Contribution(s) from Single Source	#1									
Single Source Entity's Name: City of	f Geneva									
or Single Source Person's Last Name:				First N	ame:					
Address: 47 Castle Street										
City: Geneva				State:	NY				ZIP code: 14456	
Phone: 315 789 2603										
Date Contribution Received: 0	1 /11	/ 2013	Amo	unt of C	ontrib	ution:	\$ 950)	.00	
Date Contribution Received:	/	/	Amo	unt of C	ontrib	ution:	\$.00	
Date Contribution Received:	/	/	Amo	unt of C	ontrib	ution:	\$.00	
Date Contribution Received:	1	/	Amo	unt of C	ontrib	ution:	\$.00	
Date Contribution Received:	/	/	Amo	unt of C	ontrib	ution:	\$.00	
Check here if using section V(C) of the	e Adden	dum for addi	tional Contri	butions:						C
Contribution(s) Single Source #2										
Single Source Entity's Name: City o	f Cohoes									
or Single Source Person's Last Name				First N	lame:					
Address: City Hall, 97 Mohawk Street										
, , , , , , , , , , , , , , , , , , , ,				State	: NY				ZIP code: 12047	
City: Cohoes										
City: Cohoes Phone: 518 233 2121										
Phone: 518 233 2121	/11	/ 2013	Amo	ount of C	ontrib	ution:	\$ 99	9	.00	
Phone: 518 233 2121 Date Contribution Received: 1	1 / 11	/ 2013		ount of C				9		
Phone: 518 233 2121 Date Contribution Received: 1 Date Contribution Received:	1 /11	/ 2013	Amo	ount of C	ontrib	ution:	\$	9	.00	
Phone: 518 233 2121 Date Contribution Received: 1 Date Contribution Received: Date Contribution Received:	1 /11 /	/ 2013	Amo	ount of Count of C	ontrib Ontrib	ution: ution:	\$	9	.00	
Phone: 518 233 2121 Date Contribution Received: 1 Date Contribution Received: Date Contribution Received: Date Contribution Received: Date Contribution Received:	1 /11 / / /	/ 2013 / / /	Amo Amo	ount of C ount of C ount of C	ontrib Ontrib Ontrib	oution: oution: oution:	\$ \$	9	.00 .00	
Phone: 518 233 2121 Date Contribution Received: 1 Date Contribution Received: Date Contribution Received:	/ / /	/ / /	Amo Amo Amo	ount of Count of Coun	ontrib Ontrib Ontrib	oution: oution: oution:	\$ \$	9	.00	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	ce #3	3			
Single Source Entity's Name: Vi	illage	of Ossir	ning		
or Single Source Person's Last Na			erinneyy is a some of the sill income	First Name:	
Address: Municipal Building 16 Cro		Avenue	9	That reduce.	
City: Ossining				State: NY	ZIP code: 10562
Phone: 914 941 3554					211 COGE, 10302
Date Contribution Received:	1	/11	/ 2013	Amount of Contribution: \$1148	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	of the	Adden	dum for additi		
Contributions from Single Source		7050			
Single Source Entity's Name: Cit			nton		
or Single Source Person's Last Nar		- 1- Tillian 12		The Later and the Control of the Con	
Address: 38 Hawley Street	me:			First Name:	
City: Binghamton				NV	
Phone: 607 772 7000				State: NY	ZIP code: 13901
Date Contribution Received:	1	/ 11	/ 2013	Amount of Contribution: \$ 1522	.00
Date Contribution Received:		,	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	f the	Adden	dum for addition		.00
Contributions from Single Sourc					
single Source Entity's Name: Cit	1111111111111		Falls		
ingle Source Person's Last Nan	ne:			First Name:	
Address: 745 Main Street PO Box 69	9				
City: Niagara Falls				State: NY	ZIP code: 14302
Phone: 716 286 4300					1 12 11 2 21 21 1 21 21 21 21 21 21 21
Date Contribution Received:	1	/11	/ 2013	Amount of Contribution: \$1569	.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
		/	/	Amount of Contribution: \$.00
					0.000
Date Contribution Received: Date Contribution Received:		/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	e #3	6			
Single Source Entity's Name: Cit	y of Ne	w Roc	helle		
or Single Source Person's Last Nan	ne:			First Name:	
Address: 515 North Avenue					
City: New Rochelle				State: NY	ZIP code: 10801
Phone: 914 654 2000					
Date Contribution Received:	1	/11	/ 2013	Amount of Contribution: \$2019	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the A	dden	dum for additi	onal Contributions:	
Contributions from Single Source	e#_7	-			
Single Source Entity's Name: City	y of Ry	9			
or Single Source Person's Last Nam	ne.			First Name:	
Address: 1051 Boston Post Road	10.			riisi Name.	
City: Rye				State: NY	ZIP code: 10580
Phone: 914 967 7371					Zii Code, rese
Date Contribution Received:	1	/ 18	/ 2013	Amount of Contribution: \$ 991	.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the A	ddend	lum for addition		
Contributions from Single Source	# 8				
Single Source Entity's Name: City or	of Co	rtland			
Single Source Person's Last Nam	ie:			First Name:	
Address: 25 Court Street					
City: Cortland				State: NY	ZIP code: 13045
Phone: 607 753 0872					
Date Contribution Received:	1 ,	/18	/ 2013	Amount of Contribution: \$1050	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:	,	1	1	Amount of Contribution: \$.00
Date Contribution Received:		,	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	#3 9			
Single Source Entity's Name: City	of Saratog	a Springs		
or Single Source Person's Last Name	ə:		First Name:	
Address: 474 Broadway			with the second	
City: Saratoga Springs			State: NY	ZIP code: 12866
Phone: 518 587 3550				1.408-95-111-960-76-114-11-11-11-11-11-11-11-11-11-11-11-11
Date Contribution Received:	1 /18	/ 2013	Amount of Contribution: \$1173	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adden	dum for additi	onal Contributions:	
Contributions from Single Source	# 10			
Single Source Entity's Name: City o	of Glen Co	ve		
or Single Source Person's Last Name			First Name .	
Address: 9 Glen Street	T		First Name:	
City: Glen Cove			State: NY	710 1 115/12
Phone: 516 676 2004			Sidie.	ZIP code: 11542
Date Contribution Received:	1 / 18	/ 2013	Amount of Contribution: \$ 1180	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Adden	dum for additi		
Contributions from Single Source				
Single Source Entity's Name: City o	of Jamesto	wn		
or Single Source Person's Last Name			First Name:	
Address: 200 East 3rd Street	•		This reality.	
City: Jamestown			State: NY	ZIP code: 14701
Phone: 716 483 7600			Historia de la minima de la fina della fina de la fina de la fina de la fina della fina de la fina della fina	ZII COGE, 14701
Date Contribution Received: 1	/18	/ 2013	Amount of Contribution: \$1250	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	#3/ 10			
Single Source Entity's Name: City				
or		<u>a</u>		
Single Source Person's Last Name Address: 258 Main Street	e: 		First Name:	
City: Oneonta			and the second of the second o	
Phone: 607 432 6450			State: NY	ZIP code: 13820
	1 (25			
	1 /25	/ 2013	Amount of Contribution: \$961	.00
Date Contribution Received: Date Contribution Received:	/		Amount of Contribution: \$.00
		/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adden	dum for additi	onal Contributions:	
Contributions from Single Source				
Single Source Entity's Name: City o	of Middlete	own		
or Single Source Person's Last Name): :		First Name:	
Address: 16 James Street			The state of the s	
City: Middletown			State: NY	ZIP code: 10940
Phone: 845 346 4101				The state of the s
Date Contribution Received:	1 / 25	/ 2013	Amount of Contribution: \$ 1198	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of th	ne Adden	dum for additio		(
Contributions from Single Source	#_14			
Single Source Entity's Name: City o		onawanda		
Single Source Person's Last Name			First Name:	
Address: 216 Payne Avenue				
City: North Tonawanda			State: NY	ZIP code: 14120
Phone: 716 695 8555				
Date Contribution Received: 1	/ 25	/ 2013	Amount of Contribution: \$1257	.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/			
Date Contribution Received: Date Contribution Received:	/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.				
Contributions from Single Source	\$15			
Single Source Entity's Name: City o	f Fulton			
or Single Source Person's Last Name	:		First Name:	
Address: 141 So. First Street				
City: Fulton			State: NY	ZIP code: 13069
Phone: 315 592 7330			The second secon	
Date Contribution Received: 2	/01	/ 2013	Amount of Contribution: \$922	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	- /	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adder	dum for additi	onal Contributions:	
Contributions from Single Source	_¥ 16			
Single Source Entity's Name: City o				
or Single Source Person's Last Name			First Name of	
Address: 1 Municipal Plaza Suite 1			First Name:	
City: Beacon			State: NY	7/D 000 -: 12500
Phone: 845 838 5000			sidle	ZIP code: 12508
	! /1	/ 2013	Amount of Contribution: \$ 988	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00.
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adden	dum for addition		
Contributions from Single Source #				
Single Source Entity's Name: City o				
Single Source Person's Last Name:			First Name:	
Address: 13 West Oneida Street				
City: Oswego			State: NY	ZIP code: 13126
Phone: 315 342 8140	1			
Date Contribution Received: 2	/1	/ 2013	Amount of Contribution: \$1032	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.	~ . ~ !			
Contributions from Single Source #				
Single Source Entity's Name: City of or		ırgh		
Single Source Person's Last Name:			First Name:	
Address: 41 City Hall Place				
City: Plattsburgh			State: NY	ZIP code: 12901
Phone: 518 563 7701				
Date Contribution Received: 2	/01	/ 2013	Amount of Contribution: \$1063	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for additi	onal Contributions:	(
Contributions from Single Source #	19			
Single Source Entity's Name: City of	Troy			
or Single Source Person's Last Name:			First Name:	
Address: 1776 6th Avenue			riisi Name:	
City: Troy			State: NY	ZIP code: 12180
Phone: 518 270 4495			Jidie.	ZIF COde, 12100
Date Contribution Received: 2	/ 1	/ 2013	Amount of Contribution: \$ 1568	.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for additi	onal Contributions:	(
Contributions from Single Source #_				
Single Source Entity's Name: City of I	Mount V	ernon ernon		
Single Source Person's Last Name:			First Name:	
Address: 1 Roosevelt Square				
City: Mount Vernon			State: NY	ZIP code: 10550
Phone: 914 665 2200				
Date Contribution Received: 2	/8	/ 2013	Amount of Contribution: \$1855	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
	/	1	Amount of Contribution: \$.00
Date Contribution Received:				
Date Contribution Received: Date Contribution Received:	/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.					amount of the coning
Contributions from Single Sour	ce #;	821			
Single Source Entity's Name: C	ity of	Albany			
or Single Source Person's Last Na	ıme:			First Name:	
Address: 24 Eagle Street				That is diffic.	
City: Albany				State: NY	ZIP code: 12207
Phone: 518 434 5100					211 0000.12207
Date Contribution Received:	2	/15	/ 2013	Amount of Contribution: \$2367	.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for additi	onal Contributions:	835.83
Contributions from Single Source					
Single Source Entity's Name: Ci					
or Single Source Person's Last Nar				Polytonian	
Address: 108 East Green Street	me.			First Name:	
City: Ithaca				State: NY	710 1 14050
Phone: 607 274 6570				Sidle: ···	ZIP code: 14850
	2	/ 22	/ 2013	Amount of Contribution: \$ 1231	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		1	7	Amount of Contribution: \$	
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Check here if using section V(C) o	of the	Addend	lum for addition	The second of th	.00
Contributions from Single Source					
Single Source Entity's Name: Vil			ury		
Single Source Person's Last Nar	ne:			First Name:	
Address: 235 Lincoln Place					
City: Westbury				State: NY	ZIP code: 11590
Phone: 516 334 1700					Control (St. 1987) (1.8) In the Control of the Cont
Date Contribution Received:	3	/1	/ 2013	Amount of Contribution: \$982	.00
Date Contribution Received:		/	. /	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	,	random of commodition, \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.	.1			
Contributions from Single Source				
Single Source Entity's Name: Vill	lage of Dep	ew		
Single Source Person's Last Nan	ne:		First Name:	
Address: 85 Manitou Street				
City: Depew			State: NY	ZIP code: 14043
Phone: 716 683 1400				
Date Contribution Received:	3 /1	/ 2013	Amount of Contribution: \$984	.00
Date Contribution Received:	/	/ .	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adde	ndum for additi	onal Contributions:	C
Contributions from Single Source	e # 25	6		
Single Source Entity's Name: Villa		sapequa Park		
or Single Source Person's Last Nam			First Name and	
Address: 151 Front Street	ie.		First Name:	
City: Massapequa Park			State: NY	710 1 11740
Phone: 516 798 0244			state.	ZIP code: 11762
Date Contribution Received:	3 / 1	/ 2013	Amount of Contribution: \$ 1013	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adder	dum for addition		
Contributions from Single Source			2	
Single Source Entity's Name: Villa		sdale		
or Single Source Person's Last Nam	ie.		First Name:	
Address: 1001 Post Road			rii3i Nume.	
City: Scarsdale			State: NY	7IP codo: 10592
Phone: 914 722 1100			Jidie, III	ZIP code: 10583
Date Contribution Received:	3 /1	/ 2013	Amount of Contribution: \$1016	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	,	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	Amount of Contribution: \$	
Check here if using section V(C) of	1	/	, intoon of continuouton, a	.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.			and the date the date that the	diffoull of the Confibu
Contributions from Single Source	#827			
Single Source Entity's Name: City	of Lockpo	ort		
or Single Source Person's Last Nam			First Name:	
Address: 1 Locks Plaza			Tilst Name.	
City: Lockport			State: NY	ZIP code:14094
Phone: 716 439 6665			Sidile. W	ZIP Code: 14094
Date Contribution Received:	3 /1	/ 2013	Amount of Contribution: \$1083	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adde	ndum for additi	THE STATE OF THE PROPERTY OF THE STATE OF TH	.00
Contributions from Single Source				
Single Source Entity's Name: Villa		Chester		
or Single Source Person's Last Name				
Address: 222 Grace Church Street	3 :		First Name:	
City: Port Chester			NV	
Phone: 914 939 5200			State: NY	ZIP code: 10573
	3 / 1	/ 2013	Amount of Contribution: \$ 1213	00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/		Amount of Contribution: \$.00
Check here if using section V(C) of the	he Adder	dum for additi		.00
Contributions from Single Source			onar commonons.	
ingle Source Entity's Name: Villag		lon		
ingle Source Person's Last Name	:		First Name:	
Address: 153 West Main Street			400000000000000000000000000000000000000	
City: Babylon			State: NY	ZIP code: 11702
Phone: 631 669 1212			THE RESERVE OF THE PERSON OF A STREET, SALES OF THE PERSON	211 0000.11102
Date Contribution Received: 3	3 /8	/ 2013	Amount of Contribution: \$932	.00
ate Contribution Received:	/	/	Amount of Contribution: \$.00
die Commonori Received:			Compared to the control of the contr	NAME AND ADDRESS OF TAXABLE PARTY.
Date Contribution Received:	/	/	Amount of Contribution: \$.00
	/		Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	e #3(0			
Single Source Entity's Name: VII	lage o	f Have	rstraw		
or Single Source Person's Last Nar				First Name:	
Address: 40 New Main Street				That name.	
City: Haverstraw				State: NY	710 1 - 10027
Phone: 845 429 0300				Sidile. Wi	ZIP code: 10927
Date Contribution Received:	3	/15	/ 2013	Amount of Contribution: \$923	.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/		Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	f the A	dden	dum for additi		.00
Contributions from Single Source					
Single Source Entity's Name: Vill		To the state of th	ook		
or					
Sinale Source Person's Last Nam Address: 1 Columbus Drive	ne:			First Name:	
City: Lynbrook				NIV	
Phone: 516 599 8300				State: NY	ZIP code: 11563
Date Contribution Received:	2			THE STATE OF THE S	
	3	/ 15	/ 2013	Amount of Contribution: \$ 1053	.00
Date Contribution Received:		/		Amount of Contribution: \$.00
Date Contribution Received:		/	number of the second	Amount of Contribution: \$.00
Date Contribution Received:		/		Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) of			um for addition	onal Contributions:	
Contributions from Single Source					
Single Source Entity's Name: Villa or	age of	Gardei	n City		
single Source Person's Last Nam	e:			First Name:	
Address: 351 Stewart Avenue					
City: Garden City				State: NY	ZIP code: 11530
Phone: 516 465 4000	Market Co.				211 0000, 11000
Date Contribution Received:	3	/15	/ 2013	Amount of Contribution: \$1103	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
die Commonion Received:					
Date Contribution Received:		/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.					
Contributions from Single Source					
Single Source Entity's Name: Ci	ity of I	Kingsto	1		
or Single Source Person's Last Na	me:			First Name:	
Address: 420 Broadway					
City: Kingston				State: NY	ZIP code: 12401
Phone: 845 331 0080					
Date Contribution Received:	3	/22	/ 2013	Amount of Contribution: \$1128	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	of the	Adden	dum for additi		
Contributions from Single Source		2100			
Single Source Entity's Name: Vil			nhurst		
or Single Source Person's Last Nar				Cont Nicons	
Address: 430 South Wellwood Ave				First Name:	
City: Lindenhurst				State: NY	710 . 11757
Phone: 631 957 7500				Sidie: ···	ZIP code: 11757
Date Contribution Received:	3	/ 22	/ 2013	Amount of Contribution: \$ 1185	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) o	f the	Addend	dum for addition	The second secon	
Contributions from Single Sourc					
ingle Source Entity's Name: Cit	y of R	ocheste	er		
or ingle Source Person's Last Nar	ne:			First Name:	
Address: 30 Church Street				That it diffe.	
City: Rochester				State: NY	ZIP code: 14614
Phone: 585 428 7045					211 COGG, 11014
Date Contribution Received:	3	/ 22	/ 2013	Amount of Contribution: \$3444	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
					.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Single Source Entity's Name: City	of Syracu	se		
or Single Source Person's Last Nam			First Name:	
Address: 233 East Washington St			riisi Name.	
City: Syracuse			State: NY	ZIP code: 13202
Phone: 315 448 8005			States were entracted within minute of the	ZII COGE, 10202
Date Contribution Received:	4 /5	/ 2013	Amount of Contribution: \$2858	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adde	ndum for additi		
Contributions from Single Source	100000			
Single Source Entity's Name: City				
or Single Source Person's Last Nam Address: 1 Batavia City Centre	e:		First Name:	
City: Batavia			State: NY	ZIP code: 14020
Phone: 585 345 6300				211 0000.
Date Contribution Received:	4 / 10	/ 2013	Amount of Contribution: \$ 987	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adder	dum for additio	onal Contributions:	
Contributions from Single Source	#_38			
ingle Source Entity's Name: City	of Auburn			
ingle Source Person's Last Name	∋:		First Name:	
Address: 24 South Street				
City: Auburn			State: NY	ZIP code: 13021
Phone: 315 255 4146				
Date Contribution Received:	4 /19	/ 2013	Amount of Contribution: \$1192	.00
ate Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source					
Single Source Entity's Name: VII	lage	of Masti	ic Beach		
Single Source Person's Last Nar	ne:			First Name:	
Address: 427 Neighborhood Road					
City: Mastic Beach				State: NY	ZIP code: 11951
Phone: 631 281 2326					
Date Contribution Received:	5	/24	/ 2013	Amount of Contribution: \$945	.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C) of	f the	Adden	dum for additi	onal Contributions:	
Contributions from Single Source	e #	40			
Single Source Entity's Name: Vill			ott		
or Single Source Person's Last Nan	Je.			Eirat Mana	
Address: 1009 East Main Street	10.			First Name:	
City: Endicott				State: NY	710 12760
Phone: 607 757 2420				sidle.	ZIP code: 13760
Date Contribution Received:	5	/ 24	/ 2013	Amount of Contribution: \$ 952	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Check here if using section V(C) of	the	Addend	lum for additio	onal Contributions:	
Contributions from Single Source	e #_4	11			
ingle Source Entity's Name: City or	of F	eekskill'			
iingle Source Person's Last Nam	ie:			First Name:	
Address: 840 Main Street					
City: Peekskill				State: NY	ZIP code: 10566
Phone: 914 737 3400					
Date Contribution Received:	5	/24	/ 2013	Amount of Contribution: \$1123	.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.			o and me	aniodin of the Commodi
Contributions from Single Source	#342			
Single Source Entity's Name: City of	the state of the s			
or Single Source Person's Last Name			First Name of	
Address: Olean Municipal Building			First Name:	
City: Olean			Ctata NV	
Phone: 716 376 5615			State: NY	ZIP code: 14760
	6 /7	/ 2013	Amount of Cartillating #070	
Date Contribution Received:	1	/ 2013	Amount of Contribution: \$970	.00
Date Contribution Received:	/		Amount of Contribution: \$ Amount of Contribution: \$.00
Date Contribution Received:			Amount of Contribution: \$.00
Date Contribution Received:	,	/	CAL CONTRACTOR MALESCAL FOR A DESCRIPTION OF A PROSPECTATION OF A POST-	.00
Check here if using section V(C) of the	ae Adde	ndum for addit	Amount of Contribution: \$.00
		ndon ioi ddan	ional Confidutions:	
Contributions from Single Source	CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-C	nola		
Single Source Entity's Name; ^{Villa} g or		euld		
Single Source Person's Last Name	•		First Name:	
Address: 155 Washington Avenue				
City: Mineola			State: NY	ZIP code: 11501
Phone: 516 746 0750				
Date Contribution Received: 6	6 / 7	/ 2013	Amount of Contribution: \$ 1043	.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adder	ndum for additi	onal Contributions:	
Contributions from Single Source #	<u>#</u> 44			
ingle Source Entity's Name: Villager	e of Rock	ville Centre		
ingle Source Person's Last Name:			First Name:	
Address: 1 College Place				
City: Rockville Centre			State: NY	ZIP code: 11571
Phone: 516 678 9300				
Date Contribution Received: 6	/7	/ 2013	Amount of Contribution: \$1130	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	ATTOOM OF COMMONION. A	.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	#345			
Single Source Entity's Name: Villa		nore		
or Single Source Person's Last Name			First Name:	
Address: 2919 Delaware Avenue			That harrie.	
City: Kenmore			State: NY	ZIP code: 14217
Phone: 716 873 5700				211 COGE, 11217
Date Contribution Received:	6 /14	/ 2013	Amount of Contribution: \$986	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adden	dum for additi	onal Contributions:	
Contributions from Single Source	# 46			
Single Source Entity's Name: Villag		s Joel		
or Single Source Person's Last Name			First Name	
Address: PO Box 566			First Name:	
City: Monroe			State: NY	ZIP code: 10949
Phone: 845 783 8300			Sidie.	zir code, 10747
Date Contribution Received:	6 / 14	/ 2013	Amount of Contribution: \$ 1066	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Adden	dum for additio	onal Contributions:	
Contributions from Single Source	#_47			
Single Source Entity's Name: Villag	ge of Hemp	ostead		
or Single Source Person's Last Name	:		First Name:	
Address: 99 Nichols Court				
City: Hempstead			State: NY	ZIP code: 11551
Phone: 516 489 3400			CONTRACTOR OF THE CONTRACTOR O	
Date Contribution Received: 6	/ 14	/ 2013	Amount of Contribution: \$1631	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Para Commodian Roccived.			The state of the s	

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	1848			
Single Source Entity's Name: Villag	e of Mam	aroneck		
or Single Source Person's Last Name			First Name:	
Address: 123 Mamaroneck Avenue				
City: Mamaroneck			State: NY	ZIP code: 10543
Phone: 914 777 7703				
Date Contribution Received: 6	/18	/ 2013	Amount of Contribution: \$1045	.00
Date Contribution Received:	. /	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adden	dum for addit	ional Contributions:	(1)
Contributions from Single Source #	49			
Single Source Entity's Name: Village	of Flora	l Park		253
or Single Source Person's Last Name:			First Name:	
Address: 1 Floral Boulevard City: Floral Park			. All	
			State: NY	ZIP code: 11002
Phone: 516 326 6300	. 01		entra de la companya del companya de la companya de la companya del companya de la companya de l	
	/ 21	/ 2013	Amount of Contribution: \$ 994	.00,
Date Contribution Received:	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/		Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the		dum for additi	onal Contributions:	
Contributions from Single Source #				
Single Source Entity's Name: Village or	of Patch	ogue		
Single Source Person's Last Name:			First Name:	
Address: 14 Baker Street				
City: Patchogue			State: NY	ZIP code: 11772
Phone: 631 475 4300				
Date Contribution Received: 6	/28	/ 2013	Amount of Contribution: \$916	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
				The same was a second and the same of the

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.			and the same and the	
Contributions from Single Source	#351			20
Single Source Entity's Name: Villa	ge of Johr	nson City		
or Single Source Person's Last Name	e:		First Name:	
Address: 243 Main Street			The second secon	
City: Johnson City			State: NY	ZIP code: 13790
Phone: 607 798 7861				
Date Contribution Received:	6 /28	/ 2013	Amount of Contribution: \$982	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of t	he Adde	ndum for addit	ional Contributions:	(
Contributions from Single Source	# 52			
Single Source Entity's Name: Villag	ge of Free	port		
or Single Source Person's Last Name	٥.		First Name:	
Address: 46 North Ocean Ave	*************		First Name:	
City: Freeport			State: NY	ZIP code: 11520
Phone: 516 377 2300			sidie.	ZIP Code: 11320
Date Contribution Received:	6 / 28	/ 2013	Amount of Contribution: \$ 1446	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	he Adden	dum for additi	onal Contributions:	
Contributions from Single Source	#_53			
Single Source Entity's Name; City of	of New Yo	rk		
Single Source Person's Last Name	:		First Name:	
Address: City Hall				
City: New York			State: NY	ZIP code: 10007
Phone: 212 788 3000				
Date Contribution Received: 4	/10	/ 2013	Amount of Contribution: \$10848	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:		T	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.					
Contributions from Single Sour	се#	854			
Single Source Entity's Name: C	ity of	Buffalo			
or Single Source Person's Last No	ıme:			First Name:	
Address: 65 Niagara Square				Tild Holling.	
City: Buffalo				State: NY	ZIP code: 14202
Phone: 716 851 4200					Process consideration to the constant
Date Contribution Received:	2	/15	/ 2013	Amount of Contribution: \$3606	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for addit		
Contributions from Single Source	ce#	55			
Single Source Entity's Name: Ro		200 mg (s Gold & Minea	вих	
or Single Source Person's Last Na					
Address: 13 Columbia Circle	me.			First Name:	
City: Albany				State: NY	710 12202
Phone: 518 464 1300				Sidie: ···	ZIP code: 12203
Date Contribution Received:	2	/1	/ 2013	Amount of Contribution: \$ 900	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Check here if using section V(C)	of the	Adden	dum for additi	onal Contributions:	
Contributions from Single Source	:e #_	56			
ingle Source Entity's Name: Ne	ew Yo	ork Muni	cipal Insurance	eReciprocal	
ingle Source Person's Last Nar	me:			First Name:	
Address: 119 Washington Avenue					
City: Albany				State: NY	ZIP code: 12210
hone: 518 465 7552					
ate Contribution Received:	1	/11	/ 2013	Amount of Contribution: \$1810	.00
ate Contribution Received:	4	/10	/ 2013	Amount of Contribution: \$8161	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
		,	,	Amount of Contribution &	00
ate Contribution Received:		/	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #	3 57			
Single Source Entity's Name: Barton				
or Single Source Person's Last Name:	a Logo		First M.	
Address: 290 Elwood Davis Road			First Name:	
City: Syracuse			State: NY	to the terminal and the terminal of
Phone: 315 457 5200			Sidle. IVI	ZIP code:13220
Date Contribution Received: 4	/5	/ 2013	Amount of Contribution: \$900	00
Date Contribution Received:	/		Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adder	ndum for additio		<u> </u>
Contributions from Single Source #				0
Single Source Entity's Name:				
or Single Source Person's Last Name:			First Name:	
Address:			The second secon	
City:			State:	ZIP code:
Phone:				Zii Code.
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for additio	The same and the s	
Contributions from Single Source #_				
Single Source Entity's Name:				
Single Source Person's Last Name:			First Name:	
Address:				
City:			State:	ZIP code:
Phone:				
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
		/	Amount of Contribution: \$	
Date Contribution Received:	/	/	Amount of Commodion, \$.00
Date Contribution Received: Date Contribution Received:	/		Amount of Contribution: \$.00

VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
O Continued on attached pages	O Continued on attached pages
WII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
O Continued on attached pages	O Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
O Continued on attached pages	Continued on attached pages
XI Declaration This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another I declare under penalty of perjury that the inform correct, and complete to the best of my knowled.	Officer. (If the Chief Administrative Officer, for any person to sign this Declaration.) (See instructions.)
PRINT NAME: LAST Walker	DATE: 7/25/2013 FIRST Deanna
TITLE: Director of Administration and Finance	
Mark One: S Chief Administrative Officer OD	esignee(Attach Letter)
The following MUST be attached to this report	at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.